

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-549953

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		
	1 ST AMENDMENT	2 ND AMENDMENT	1 ST AMENDMENT	2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

AS FILED	AFTER		AFTER		
	1 ST AMENDMENT	2 ND AMENDMENT	1 ST AMENDMENT	2 ND AMENDMENT	
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					